

Commercial & Multi-Family Roofing

Permit

Village of Weston

Date: _____

Permit #: _____

Payment Type: ☐ Cash ☐ Check _____



5500 Schofield Ave
Weston, WI 54476

FULL COMPLETION OF FORM IS REQUIRED FOR PROCESSING

-- PLEASE PRINT --

Business Name: _____

Business Owner: _____

Physical Address: _____

Mailing Address: _____

Contact Name: _____

Business Phone: _____

Business Email: _____

Property Zone: _____

Contractor Name: _____

Contact Name: _____

Address: _____

Phone: _____

Email: _____

Property Owner: _____

Address: _____

Phone: _____

Email: _____

Commercial/Multifamily Roofing

FEE of 1% of TOTAL COST: \$ _____

Total Cost of Project: _____

A FINE OF AN ADDITIONAL \$50.00 AND AN ADDITIONAL 1% WILL BE ADDED TO THE STANDARD FEE IF WORK IS STARTED PRIOR TO PERMIT BEING ISSUED.

This permit is **NOT** required for single or two family dwellings.

Applicant Signature: _____ Date: _____

Contractor Signature: _____ Date: _____